

ACH Debit Enrollment Form:

ADDRESS:
LEASE AMOUNT:
DATE PROCESSED:
EFFECTIVE DATE:

FOR LANDLORD USE ONLY

ALL MONTHLY RENTS WILL BE ELECTRONICALLY DEDUCTED FROM AN AUTHORIZED CHECKING ACCOUNT. RENTAL PAYMENTS WILL BE AUTOMATICALLY DEDUCTED ON THE FIRST BUSINESS DAY OF EACH MONTH THROUGH THE TERM OF YOUR LEASE AND ANY EXTENSION THEREOF. THIS FORM IS AN ADDENDUM TO YOUR LEASE AND MUST BE COMPLETED AT THE LEASE SIGNING.

74 Clarendon Street, Suite A
Boston, MA 02116

Phone: 617-266-1168 * Fax: 617-266-2948 * E-mail: info@heathproperties.com

Schedule D: ACH Authorization Agreements

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

FIRST NAME ON LEASE:

(X) NEW ACCOUNT ENROLLMENT () CHANGE () CANCELATION

Account Information:

() Checking
() Savings

Name (printed): _____

Account Number: _____

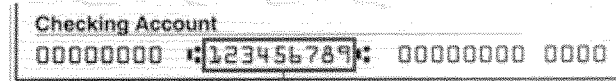
Routing Number: _____

Bank Name: _____

City, State: _____

PERSONAL CHECKS

BUSINESS CHECKS



9 Digit Routing Number

I hereby authorize _____ (Company) and/or **Heath Properties** (Company) to debit the account indicated above. This authorization is to remain in effect until further written notice. I (we) acknowledge that the origination of ACH transactions to the above mentioned account must comply with the provisions of U.S. law.

Signature: _____ Date: _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Attach Voided Check Here